

**Grant Application**  
**SC Organic Certification Assistance Program**

1. Name and Address

Name of Organization\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Contact Person \_\_\_\_\_

Amount of Grant  
Funds Requested \_\_\_\_\_

2. Describe your organic farm and the crops you intend to produce\_\_\_\_\_

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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature\_\_\_\_\_

Date\_\_\_\_\_

Mail or fax this form, the W-9 form, a copy of receipts or cancelled checks and a copy of a certificate from an USDA accredited certifying agency to the following address:

South Carolina Department of Agriculture  
SC Organic Certification Assistance Program  
Attn: Larry Boyleston  
P. O. Box 11280  
Columbia, SC 29211  
Phone: 803/734-2210  
Fax: 803/734-2192